

### Colonoscopy

Requirements to receive 100% coverage of eligible expenses:

- One cancer screening colonoscopy every 10 years beginning at age 50
- Services are provided by a South Dakota provider

**Note:** Normal physician, facility and anesthesia charges will also be covered at 100% of eligible expenses for the cancer screening colonoscopy. Laboratory, pathology, and additional procedures will be subject to deductible and coinsurance requirements.



South Dakota Risk Pool  
Capitol Building  
500 East Capitol Avenue  
Pierre, SD 57501-5070  
605.773.3148  
605.773.6840 (fax)  
<http://riskpool.sd.gov>  
[riskpool@state.sd.us](mailto:riskpool@state.sd.us)



**SOUTH DAKOTA  
RISK POOL**

As of July 1, 2008, the South Dakota Risk Pool requires plan members to obtain pre-authorization for all out-of-state care, except in the case of a medical emergency.

#### New Pre-authorization Requirements:

- Pre-authorizations for out-of-network care must be made prior to receiving care from the provider in order to receive the highest level of benefits.
- Out-of-state care requests will be declined if patient care can be provided safely and cost effectively in South Dakota.

HCMTI pre-authorizes requests for the Risk Pool.

Providers can access HCMTI's website to request pre-authorization at:

- [www.preauthonline.com](http://www.preauthonline.com)

A complete listing of services requiring pre-authorization, can be found in the Plan Document. The Plan Document is available on our website at:

- <http://riskpool.sd.gov>
- Click on forms and documents, and view the current plan document.

# Immunizations and Vaccinations Schedule



The South Dakota Risk Pool covers the following immunizations at 100% when services are provided by a South Dakota provider.

## Flu Vaccinations

Flu Vaccinations are offered to:

- Risk Pool Participants

Flu vaccinations may be received at:

- South Dakota Department of Health Clinics
- Medical Clinics
- Pharmacies

Bring your Risk Pool Insurance ID card with you to your appointment.

### Department of Health Clinics:

Risk Pool participants may receive a *free* flu vaccination at one of the local Department of Health Clinics. Clinic locations are available online or by calling the South Dakota Department of Health:

- <http://doh.sd.gov/LocalOffices/CHS.aspx>
- 1.800.738.2301

### Medical Clinic:

If you receive the flu vaccination at a medical clinic excluding local Department of Health Clinics:

- Your claim will be processed and paid under the medical benefit.
- You may be responsible for any overages.
- If the flu vaccination is given during a routine office visit, the office visit portion may not be covered.

### Pharmacy:

If you receive the flu vaccination at a local pharmacy, you may be required to pay for the vaccination at the time of service. The claim will be covered under pharmacy benefit. Participants will be required to pay the difference between amount charged for the flu vaccine at the pharmacy and the contractual rate.

To receive reimbursement for your flu vaccine:

1. Fill out the claim form included in this packet for pharmacy reimbursement.
2. Submit the claim form to the ESI, PO Box 390873, Bloomington, MN 55439-0873  
ATTN: Claims Department
3. For more information contact ESI at [www.express-scripts.com](http://www.express-scripts.com) or 877.212.9529

Vaccine▼	Age►	Birth	1 month	2 month	4 month	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
Hepatitis B		HepB		HepB								
Rotavirus				Rota	Rota	Rota						
DTaP				DTaP	DTaP	DTaP			DTaP			DTaP
HIB				Hib	Hib	Hib		Hib				
Pneumococcal				PVC	PVC	PVC		PVC				*
Inactivated Poliovirus				IPV	IPV			IPV				IPV
Influenza												
MMR												MMR
Varicella												Varicella
Hepatitis A												
Meningococcal												

Vaccine▼	Age►	7-10 years	11-12 years	13-18 years	19-49 years	50-64 years	65 and >
DTaP			TDaP	** TDaP	***1 dose Td booster every 10 years		
Human Papillomavirus			HPV (3 doses)	**HPV Series	***HPV, 3		
Meningococcal		* MCV4	MCV4	** MCV4	* 1 or more doses		
Pneumococcal			* PPV		* 1-2 doses		***1 dose
Influenza			* Influenza yearly		*	***One dose yearly	
Hepatitis A			* HepA Series			* 2 doses	
Hepatitis B			** HepB Series			* 3 doses	
Inactivated Poliovirus			**IPV Series				
MMR			**MMR Series		***1 or 2 doses		* 1 dose
Varicella			**Varicella Series			***2 doses	
Zoster							***1 dose

Recommended for all groups.

\* Certain high risk groups or other risk factor present.

\*\* Catch up immunizations.

\*\*\*For those who lack evidence of immunity.

Schedule is based on CDC recommendations as of 5/2008